



## **BOSTON CONNECTS, INC.**

### **REQUEST FOR PROPOSALS**

# **Employment and Re-Integration Services for Male Ex-Offenders**

**Issue Date: September 1, 2005**

**Proposals Due: October 14, 2005**

Funded by the United States Department of Housing and Urban Development



THE CITY OF BOSTON  
Thomas M. Menino, Mayor

2201 Washington Street Boston, MA 02119 Phone: 617-541-2670 Fax: 617-427-0747  
A 501(c)3 Not-for-Profit Community Organization in Partnership with the City of Boston



September 1, 2005

Dear Service Provider:

Boston Connects, Inc., Boston's Empowerment Zone, is pleased to issue this Request for Proposals (RFP) for Employment and Re-Integration Services for Male Ex-Offenders to promote the economic self-sufficiency of ex-offenders in the Empowerment Zone over a two-year grant period. We recently funded a program serving female ex-offenders, so we are seeking services exclusively for male ex-offenders with this round of funding.

The ultimate goal of the Empowerment Zone is to promote economic self-sufficiency for individuals, families and communities. An integral component of this is reducing recidivism by encouraging ex-offender stability through employment. This RFP seeks program models that provide participants with hard skills that will enable them to be uniquely qualified for employment.

A total of \$150,000 is available over two years to provide services that would achieve such results by removing barriers and providing male ex-offenders the skills they need for employment. We seek not-for-profit organizations located in or in close proximity to the Empowerment Zone with demonstrated expertise providing employment services to ex-offenders. Collaborative efforts are *strongly* encouraged. Services provided should include outreach, intake, occupational skills training, support services resulting in stable jobs for Empowerment Zone ex-offenders.

Responses to this RFP must be received at our offices at 2201 Washington Street, Dudley Square by **12:00 p.m. (noon)** on **October 14, 2005**.

We look forward to working with you to help ex-offenders in the Empowerment Zone and their families achieve greater economic self-sufficiency.

Sincerely,

Shirley Carrington  
Acting Executive Director



**REQUEST FOR PROPOSALS**  
**EMPLOYMENT AND RE-INTEGRATION SERVICES FOR MALE EX-OFFENDERS**  
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<b>Issue Date:</b>	September 1, 2005
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<b>Closing Date:</b>	October 14, 2005 <b>Responses must be received by 12:00 p.m. (noon) at 2201 Washington Street, Roxbury.</b>
<b>Inquires to:</b>	Evangelene Billy Telephone: (617) 541-2675 Fax: (617) 427-0747 Email: Evangelene.Billy.bci@cityofboston.gov

## I. BACKGROUND

Boston Connects, Inc. (BCI) is the non-profit organization implementing the strategies of Boston's Empowerment Zone, as detailed in the October 1998 Strategic Plan, *Boston Connects People to Economic Opportunity*. Economic self-sufficiency for individuals, families and communities is the mission of Boston Connects Inc. BCI seeks to accomplish this mission by investing in economic opportunity and job creation, health and well being, education and job readiness, and technology development for residents of Boston's Empowerment Zone.

The Boston Connects, Inc. Board of Directors is responsible for the oversight and implementation of the Strategic Plan. The Board is composed of twelve members who are elected by residents of their neighborhood districts, and twelve members who are appointed by Mayor Thomas M. Menino.

Boston's Empowerment Zone consists of twenty-eight census tracts, and includes sections of the neighborhoods of Chinatown, Dorchester, Egleston Square, Mission Hill, Roxbury, the Dudley Street Neighborhood, South End, Newmarket, South Boston, the Financial District, and the Seaport District. The Empowerment Zone also contains a number of housing developments that include: Franklin Hill, Mission Main, Mary Ellen McCormack, Old Colony, West Broadway, Whittier Street, Camfield Gardens, Orchard Gardens, Warren Gardens, Academy Homes I, Lenox/Camden, Cathedral, and parts of Castle Square. For more information on Boston's Empowerment Zone, visit [www.BostonEZ.org](http://www.BostonEZ.org).

Empowerment Zone investments in human services have enabled over 1,000 Zone residents to receive Adult Basic Education, Alternative Education, English for Speakers of Other Languages, and Skills Training. Additionally, some 700 families have benefited from investments that have increased both quality and capacity in preschool and after-school programs.

This RFP is issued in collaboration with the Boston Redevelopment Authority/Economic Development Industrial Corporation (BRA/EDIC), Office of Jobs and Community Services (JCS). BRA/EDIC is BCI's fiscal agent. As the City's procurement and program management agency for workforce development and human service funding, JCS will participate under BCI's direction in the review of proposals and program monitoring. Contracts issued as a result of this RFP are subject to the approval of the Mayor of Boston.

## II. PURPOSE AND AVAILABILITY OF FUNDS

Boston Connects, Inc. solicits proposals for employment services based in skills training which will enable ex-offenders from the Empowerment Zone to obtain jobs or start their own businesses. All programs should address the multiple barriers that hinder or prevent ex-offenders from becoming and remaining employed. Programs must provide support services that strengthen life skills, and also provide connections to jobs.

Boston Connects, Inc. seeks proposals that demonstrate a realistic understanding of the job opportunities available to ex-offenders and experience providing training in that area, as well as a comprehensive knowledge of the needs of ex-offenders and their barriers to economic self-sufficiency. **A collaborative approach to service delivery is required.**

Program services must outline a **progression toward employment** through job readiness and skills training that results in an applicable skill as well as work experience or job shadowing that allows individuals to capitalize on their aptitudes and opportunities. Additionally, program services should offer linkages to services such as CORI review and update; housing stabilization; financial literacy; mental and physical health; substance abuse treatment and

recovery; and life skills. Job placement and retention is considered a positive outcome. Due to the challenges to employment retention that ex-offenders are certain to face, a minimum of six months of post- placement case management and follow-up is required.

Boston Connects, Inc. seeks culturally competent and gender-sensitive services that will meet the challenges faced by ex-offenders who may have limited experience with the formal economy. **Previous performance in training and placement of ex-offenders will be examined** for the demonstrated ability to produce job outcomes. Proposals must target economic sectors that can provide the best possibilities for employment in a tight, skill-focused job market that greatly limits participation by ex-offenders.

**Programs designed and delivered as a partnership or collaboration between two or more organizations will be viewed favorably. Proposals must also contain a current agreement from at least two employers willing to provide work opportunities for clients who are job-ready.**

An innovative approach to service delivery is greatly encouraged. Responsive proposals will show evidence of research and adaptation of **best practices** by national program models.

A total of \$150,000 is available over two years. Boston Connects, Inc. plans to disburse 75% of the funds on a cost-reimbursement basis; the remaining 25% will be performance-based, performance being a successful job placement with a 30-day retention.

### **III. ELIGIBLE RESPONDENTS**

This is an open and competitive bid process. The following eligibility criteria apply to all bidders:

- Private, non-profit 501(c)(3) community- and faith-based organizations (or with a fiscal conduit with that status) who can demonstrate the administrative and technical capacity to provide proposed services.
- Providers of high quality programs with a demonstrated capacity to provide culturally competent, results-oriented employment services for ex-offenders.
- The contractor must be located either within the Empowerment Zone, or in close proximity so that Zone residents can readily access available services. To verify an address as within the Empowerment Zone, visit <http://www.bostonEZ.org>.
- Lastly, the contractor must demonstrate an understanding of the service needs of ex-offenders.

Community capacity-building is one of the major goals of Boston Connects, Inc. Therefore, smaller Empowerment Zone community- and faith-based organizations with experience in providing ex-offender programs are encouraged to apply. Additionally, larger organizations are encouraged to collaborate with smaller organizations which may have specific expertise, including but not limited to, access to the ex-offender population.

**Favorable consideration will be given to collaborative bids that leverage financial, material and/or human resources from other public or private organizations.**

## **IV. PROGRAM DESIGN AND SERVICES REQUESTED**

### **A. Outreach and Recruitment**

Understanding the configuration of the Empowerment Zone is critical to the effective recruitment of ex-offenders/pre-release offenders that are eligible for this program. Only Empowerment Zone residents can be served with these funds. Individuals may be recruited while they are incarcerated, immediately after release, or after time has passed.

**\*\*Please note that although the Suffolk County House of Correction at South Bay is located in the EZ, it is NOT an allowable address – the address of the offender must be last known prior to incarceration if the individual is receiving services through this funding while incarcerated.**

The target population may be recruited through community-based multi-service agencies, faith-based organizations serving ex-offenders, rehabilitation programs, local correctional institutions, halfway houses, parenting support services, public health outreach efforts, and economic assistance programs. Respondents must demonstrate a variety of outreach plans and strategies in order to be effective in reaching this population.

Please refer to the map on the back cover to identify Zone neighborhoods.

### **B. Eligibility Determination**

The Boston Connects, Inc. website, [www.BostonEZ.org](http://www.BostonEZ.org), contains the link “*Am I in the Zone?*”, which will access a HUD database that verifies whether a street address and zip code are within the boundaries of the Empowerment Zone. Boston Connects, Inc. staff will provide technical assistance to help in identifying streets that have been re-named, newly created or extended through housing or community development projects.

These services are targeted to residents of the Empowerment Zone. Because of the ex-offender’s lack of permanent address as a resident of a correctional institution, the spirit of the funding seeks individuals from and returning to the Zone. The program contractor will be responsible for verifying eligibility with an applicant’s photo ID and proof of Zone residency. Address proofs include a utility bill, benefits statement, other business correspondence addressed to the applicant, or drivers’ license or state identification card. A Statement of Homelessness issued by a shelter located in the Empowerment Zone is also acceptable.

### **C. Assessment**

Individuals must be counseled as to whether the program is a good “fit” personally, and likely to result in employment that can lead to self-sufficiency. When available, programs are encouraged to incorporate the pre-release plan from a correctional institution and include medical, vocational, and psycho-social assessments as an element of program enrollment.

Medical and psycho-social assessments must document how behavioral issues that may have led to incarceration have been stabilized sufficiently prior to participation in the program. When initial psycho-social assessments indicate serious and on-going psychological issues may exist, applicants must be referred to clinicians for evaluation of their functional capacities and vocational potential as a means of determining whether an applicant is able to benefit from program participation.

Vocational assessments must address learning disabilities, literacy, numeracy, and existing occupational skills. If vocational assessments were carried out within one year before program

enrollment, they need not be repeated if the test results are included in the pre-release plan.

Motivational assessments are also required. The end product of the assessment is to identify service needs and chart goals in a **continuum of care** document. This document will identify the services the individual needs and provider from which he will receive them.

Bidders must establish their own minimum requirements for enrollment of this population, based on existing aptitudes needed for training and credentials required for employment.

#### **D. Case Management**

Case management must build upon the “continuum of care” document developed during the assessment. The case manager’s prime responsibility is to manage the coordination of existing service needs in order to match client needs with available resources, thereby increasing the level of self-sufficiency.

Service integration must include conditions governing probation or parole, housing, training, employment, life skills, and mentoring. Case managers must concentrate their efforts on resource development and coordination of referrals, yet must place primary responsibility on the individual to become self-sufficient in navigating various agencies and action steps.

Proposals must describe plans for case-conferencing procedures in order to provide continuity of care for the individual, as well as to maintain an open line of communication between all who are involved in providing the continuum of care. **A sample Collaborative Service Plan must be included**, which outlines the case management roles of all resource partners who help individuals address issues that may impede their ability to successfully complete the program.

Case management staff must have the ability to relate to their clients in critical matters of culture, gender, language, age and significant life experiences.

#### **E. Services to Promote Economic Self-Sufficiency of Ex-Offenders**

Ex-Offender Employment programs must provide services that enable ex-offenders to become financially responsible, promote parental involvement, are culturally sensitive, and are appropriate for the interests and needs of the population targeted for services. Program designs must demonstrate knowledge of job and career opportunities that do not exclude participation by ex-offenders, and that are available in the current tight job market. Due to the challenges inherent in serving clients with limited employment options, bidders must develop programs that meet the most critical needs of the target population, while providing concrete job skills. Programs must offer work preparedness AND **occupational skills training** coupled with on-going case management both before and after placement.

**\*\*Boston Connects, Inc. is NOT seeking “Work Readiness Only” programs. Participants MUST obtain specialized skills that will appropriately prepare them for employment.**

There are a variety of tested program models that serve ex-offenders. The following is a sampling of some “Best Practice” models:

**Better People, Oregon:** This Initiative focuses on “changing the way ex-offenders think” through use of a 12-step behavior modification program. Organization contracts with temp firms to place inmates as they complete therapeutic component of program while working to change hiring

policies at targeted firms. Staff includes full time “corporate representatives” that meet with supervisors to discuss issues surrounding job performance. Better People has no formal connection to criminal justice agencies;**imprisoned participants must pay part of the \$25 fee to enroll**. The program is solely funded through private donations.

**Center for Employment Opportunities, New York:** One of the better known national initiatives, for more than 20 years, acts as a **labor market intermediary** serving approximately 2000 individuals per year. Through its Neighborhood Work Project (“NWP”) that has contracts with various governmental agencies, CEO offers ex-offenders immediate **transitional employment** as day laborers (e.g., building maintenance, grounds keeping, etc.). While participating in NWP, participants also participate in vocational development, life skills sessions and a pre-employment workshop (where they discuss such topics as ‘how to discuss your conviction with an employer’). CEO was created in the late 1970’s by the Vera Institute of Justice. CEO employs an **incentive-based** system in that job developers earn a base salary with bonuses based on their success/performance.

**Offender Job Linkage, Ohio:** Builds on existing connections with CBO and other agencies involved in workforce development (e.g., Goodwill, Private Industry Council) to make information on resources available to inmates. Among other things, addresses “geographical mismatch” between where inmates are incarcerated and where they expect to be released by using **video conferencing for inmates** to interview for positions while still incarcerated.

**Operation TOPSTEP, Georgia:** A collaboration between the Department of Parole and Department of Labor (DOL), TOPSTEP has three key stages. In Stage 1, inmates **collect key documents** (e.g., birth certificates, social security cards, and driver’s license) necessary for employment when released while gaining experience in “high demand” occupations in the state. In Stage 2, DOL conducts **job preparation workshops** in prison and designs resumes. Packet containing skill assessment, information about inmates’ work, etc. forwarded directly to parole officer and DOL to reduce duplication. Finally, in Stage 3, at first meeting with parole officer, individual is **assigned to one or more of four tracks**: 1) employment, 2) education, 3)- substance abuse; and/or cognitive skills training. At a minimum, individuals **must be assigned to employment track** and referred to DOL offices for services.

**Safer Foundation, Illinois:** Founded over 30 years ago and touted as the **largest community-based ex-offender program in the country**, the Safer Foundation is a “free human resource service for companies-referring qualified applicants, providing drug testing and **facilitating use of tax credits and incentives**”. Safer works with participants to conduct an individual assessment and develop an action plan. The organization provides **follow-up post-placement services for up to one year**.

These are just a few of the many ways programs that seek to promote the employment of ex-offenders are providing services. **Bidders’ are not restricted to only these models**. Programs may consider one or multiple components of each of these models or other best practices.

Proposals must identify resources and partnerships that can be creatively leveraged for maximum programmatic outcomes and economic impact. Programs are expected to provide tangible results in terms of employment skills. By targeting employment sectors that can absorb the ex-offender population, programs will offer continuing opportunities for incoming clients.



Programs should also include aspects of a work-readiness curriculum, such as:

- Basic computer skills to gather information and manage personal responsibilities
- Use of business machines or the tools of a trade
- Classrooms as simulated workplaces, including supervisory procedures
- Employers and program graduates as trainers, mentors and network contacts
- Visits to actual workplaces, where allowable
- Completing applications, handling CORI issues and engaging in appeals
- Conducting a job search (cover letters, resumes, interviews, thank-you letters)
- Exercises that model cooperation with co-workers and respecting the authority of supervisors
- Activities that challenge individuals to think about their decision-making processes and their identity as productive citizens

#### **F. Job Placement/Business Development**

Programs must connect training with **actual jobs and/or business development opportunities**, including but not limited to projects supported by HUD funding for the Empowerment Zone. **Proposals must contain a current agreement from at least two employers to provide work opportunities for clients who are job-ready.**

Proposals must demonstrate that occupational skills training providers offer services of genuine value to an employer, and that employers interact directly with trainees and program staff.

Paid employment/business development is the goal of these program services. Apprenticeships and supported work placements, arranged and case-managed through other resource partnerships from the continuum of care, are also acceptable. Case management must include interaction with employers at the supervisory level, in order to establish a level of support that encourages clients to monitor their own performance and address issues before major negative consequences ensue.

Post-placement case management plans and timetables must be developed that build in a thoughtful and appropriate progression from intensive support to a reasonable level of client self-sufficiency during the two-year contract period supported by these funds.

#### **V. PROGRAM REPORTING AND MONITORING**

**The Boston Connects, Inc. Client Information Form must be completed for each participant.** Providers must maintain files on program participants, which contain documentation verifying Empowerment Zone residency. Participant files must contain copies of any assessments used by the provider during the course of service delivery. Job placement and retention are the primary outcomes of this program - all information pertaining to employment is useful.

Contractors will be expected to:

- Complete a BCI Client Information Form at intake that is kept in the client file, and store this data in a reporting mechanism as may be required by BCI. This form is available electronically or in hard copy.
- Complete and submit a monthly Client Log listing enrollment and progress data for each participant.
- Provide quarterly progress reports as requested to Boston Connects, Inc. staff.
- Link participants to supportive services, as needed.

Programs will be subject to monitoring for operations in compliance with contract terms and conditions. Boston Connects, Inc. and/or the City's Office of Jobs and Community Services staff will conduct periodic site visits to monitor for:

- Operations in accordance with proposal and contract;
- Achievement of objectives;
- Integrity of administrative systems; and
- Quality assessment through classroom observation and interviews.

These monitoring activities may take the form of administrative record reviews, interviews of staff, program participants, employers, and general observations of the facilities and operations.

## **VI. EVALUATION OF PERFORMANCE**

A contractor's performance will be evaluated on the basis of:

### **A. Planned versus Actual Enrollment**

Attaining overall planned participant enrollment into the program will be considered a positive outcome.

### **B. Planned versus Actual Training Completion**

Participants who complete their training, thereby increasing their job skills, will be considered a positive outcome.

### **C. Planned versus Actual Employment**

Participants who attain employment will be considered a positive outcome. Proposed placement rates must be at least 65%.

### **D. Planned versus Actual Retention**

Participants who retain employment for 30 days will be considered a positive outcome. \*\*Note: This will determine the 25% hold back.

### **E. Planned versus Actual Recidivism Rate**

Preventing recidivism will be considered a positive outcome.

### **F. Administrative Responsiveness**

If applicable, the following aspects of a contractor's previous performance will also be evaluated:

- Timely submission of quarterly narrative reports
- Quality of information provided in narrative reports
- Timely submission of invoices
- Accuracy of invoices

## **VII. SCHEDULE AND DECISION PROCESS**

### **Bidders' Conference**

A bidders' conference will be held on September 13, 2005 at 10:00 a.m. at the Boston Connects, Inc. offices on 2201 Washington Street in Roxbury. **While attendance is not mandatory, it is strongly recommended.** Staff will be available to answer questions related to bidder and participant eligibility, program design, contracting and performance standards. A question-and-answer document will be made available to all interested parties, following the bidders' conference. Substantive questions posed before or after the bidders' conference must

be submitted in writing; responses will be made available to all bidders.

### **Intent to Bid**

Notice must be received by 5:00 p.m. on September 21, 2005. Please submit the Notice of Intent form and a one-page summary of the proposal concept.

### **Deadline**

Proposals are due at the Boston Connects, Inc. offices at 2201 Washington Street, **by or before 12 p.m. (noon)** on October 14, 2005. **Late proposals will neither be accepted nor read. Emails and Faxes will not be accepted.**

A panel of impartial reviewers will score and rank proposals on the basis of how closely they respond to the priorities outlined in this RFP. Boston Connects, Inc. staff will review the results and make funding recommendations to the Board, which will vote its decision on the recommendations.

A bidder who wishes to appeal the Board's decision must submit a written request stating the reasons for the request. The request must be addressed to the City of Boston's Chief of Human Services, who acts as the local Official responsible for the administration of the HUD Empowerment Zone Grant. The Official will review and resolve the matter with an Ad Hoc Committee of the Board especially appointed for this purpose.

Grant awards under this RFP are contingent upon available funding, and subject to all federal regulations that apply to HUD.

### **Reservation of Rights**

Boston Connects, Inc. reserves the right to make any funding decisions it deems necessary to accomplish the goals of this RFP and the Strategic Plan of the Empowerment Zone. Boston Connects, Inc. further reserves the right to reject any or all proposals received, or to seek other solutions through a different RFP or through the re-issuance of this RFP.

Boston Connects, Inc. also reserves the right to issue performance-based contracts or cost reimbursement contracts, based on the proposals received.

## **VIII. AWARD PAYMENT**

Agencies receiving an award will enter into a written agreement, as appropriate, with Boston Connects, Inc.

## **IX. SUBMISSION REQUIREMENTS**

### **A. Proposal Package**

- The **original proposal** must be submitted with **4 copies**. The original must be clearly marked as such, and must contain original signatures.
- Proposals may not exceed **20** pages of text. This does not include attachments. **Proposals that exceed the page limit may be rejected.**
- All **attachments** are required at the time the proposal is submitted.
- Narrative must be typed in at least **12-point** font, **double-spaced**, with **one-inch margins**.
- Proposals must be submitted with the **forms** included in the RFP, and must provide the information **exactly** as requested.
- Proposals will **not** be accepted by fax or e-mail.

## **B. Required Proposal Format**

Section I: Cover Sheet and Proposal Narrative

Section II: Staff Job Descriptions and Resumes

Section III: Budget Narrative and Budget Forms

Attachments:

- Organizational Chart
- Program Diversity Form
- Board of Directors listing
- 501(c)3 Determination Letter
- Employer Partner Letter(s)
- Class Schedule
- Demographics Chart
- Certificate of Authority (CM6)
- Contractor Certification (CM9)
- City of Boston Living Wage Affidavit
- Certificate of Workers Compensation, General Liability and Fidelity Insurance, issued to Boston Connects, Inc. and dated within the time frame of this procurement.
- Audit Report\* attached to original proposal, only, covering the last date in either Fiscal Year 2004 or Calendar Year 2004, as required by the organization's filing schedule.

\*In accordance with OMB Circular A-133, if the bidder is a non-profit agency which received \$500,000 or more in Federal financial assistance (directly or indirectly), from any and all funding sources during the most recent audit period, a complete copy of the most recent single audit report must be presented.

In addition to the report on the financial statements, the audit report should include a report on compliance and internal control over financial reporting, a report on compliance and internal control over compliance, a separate schedule of federal financial assistance funds, and any management letter submitted by the auditor.

\*If the bidder received less than \$500,000 and is exempt from federal audit requirements, then a statement attesting to that must be submitted. A copy of the most recent audited financial statements and/or Uniform Financial Report (UFR) must also be submitted.

The Application Cover Sheet must show on the outside of the Application. Provide name address, contact information, and the signature of the Executive Director or the person who has legal authority to enter into a contract for the agency. This form is provided as an attachment at the end of this RFP.

Packages must be bound securely in order to withstand frequent and vigorous handling. Boston Connects, Inc. and EDIC will not be responsible for information missing or pages lost from inadequately stapled or paper-clipped applications.

## PROPOSAL EVALUATION CRITERIA

(Total Points = 100)

### 1. Cover Page/Proposal Summary

**5 Points**

Provide a concise summary of services which includes a description of the target population, number of participants to be served, type of program and kinds of services, expected outcomes, intensity of services, amount of funds requested, cost per participant, and positive outcome rate per year. *Your figures must agree with those in the table on the Proposal Cover Sheet.*

### 2. Capacity

**15 points**

- a. Give a brief description of your organization's history and mission, and attach your 501(c)3 determination letter, your organizational budget and a list of funding sources. Collaborative bids must include a brief description of all partners.
- b. List your organization's funding sources and total organizational budget. If applicable, include your most recent audit report (including all related reports on internal controls, management letters and corrective action plans) with your *original* proposal only.
- c. Describe your previous experience in working with pre-release and ex-offenders. What were the goals of the program? Describe the challenges faced, lessons learned, and results achieved. Proposal reviewers will pay particular attention to the discussion of challenge issues as a means to evaluate capacity for continuous quality improvement in your program design.
- d. Describe your experience in working with ex-offenders to increase their economic self-sufficiency. Briefly describe the job readiness, skill training and job placement efforts. Describe the support in place for six months after job placement. Describe the challenges faced, lessons learned, and results achieved.
- e. What are the gaps in your organization that need to be filled in order to provide effective services to Empowerment Zone ex-offenders?
- f. How does this proposal help to carry out the Strategic Plan for Boston's Empowerment Zone?
- g. Discuss facilities, equipment, and other material resources that will be made available for the use of this program. Describe your program facilities in terms of location, physical condition, and accessibility to disabled persons. Explain whether the facility is owned or rented. Include any equipment or other physical resources available to clients.

### 3. Staffing and Management

**15 points**

Clearly identify by name and title the individual responsible for each element of the program. Demonstrate how their experience is relevant to the services they will provide. How do they bring cultural and programmatic competencies to the project? Who will be responsible for reporting participant attendance? Who will be responsible for client record keeping and required reporting to BCI? Identify the program management team and describe the staff reporting and oversight structure.

Attach a job description and a resume for each position involved in the project. Label each job description with the name of a staff person, or indicate whether a position is vacant. Label each resume with the staff person's current job title. Describe the staff reporting structure and attach a program organizational chart. Indicate whether positions are full-time or part-time.

#### 4. Target Population

10 points

Describe the demographic characteristics of the population you intend to serve, including gender, age, ethnicity, or barrier issues. Describe the clinical criteria that must be met for entry into the program. From the insight you have gained through interacting with this population, discuss how you will respond programmatically to the needs they have identified as their priorities.

#### 5. Scope of Work

40 points

- a. **Recruitment:** How will staff locate ex-offender Empowerment Zone residents to participate in this program? Detail your outreach and recruitment plan.
- b. **Eligibility Determination:** Attach samples of at least two documents that would be submitted for address verification, and a printout verifying the address through the HUD website described on page 3.
- c. **Assessment:** Describe an applicant who presents the “hard” and “soft” skill sets that indicate ability to participate in your program in a meaningful way. How will you evaluate motivation? How will you confirm that a participant’s living and personal situation is stable enough to participate in the program? What factors would cause an individual to be rejected or referred to other services? With this assessment as the transition point for integrated services, how will data from the discharge or release plan inform your decision to admit or deny an applicant? Give a description of your *continuum of care* document or procedures.
- d. **Case Management:** Discuss your agency's case management philosophy and procedures, particularly in the areas of housing, work, and life management. How will service gaps be filled? How will case management staff from different organizations coordinate their efforts without significant duplication of effort? What steps will be taken to minimize reporting responsibilities that interfere with training, job search or work? Who will bear the primary responsibility for crisis intervention? What is a typical caseload for your case managers?
- e. **Training Curriculum:** Thoroughly describe how you will provide job readiness services to the target population (i.e. workshops, job shadowing, referrals to trainings, etc.). Please describe your occupational skills training curriculum. How is training integrated with release planning, counseling and case management? Discuss how the staff and curriculum will address special learning needs and styles.

Briefly describe the training schedule in terms of frequency and intensity of instruction, and how it will enable the target population to fully participate. In what ways will the classroom simulate a workplace? What commitments have been secured from employers for involvement in training activities? Give specific examples of ways that employers can be involved in the training curriculum, to the extent that their workforce

needs are met by it.

- f. **Job Placement/Business Development:** Who is responsible for job development and placement? How will your organization broker employment options for the target population? What job options have been identified for your target population? Why are those jobs appropriate for your target population? Describe your organization's links with the employers, and the business community. Do you have employment agreements with them? Identify possible job placements. Describe the job placement strategies to be used to assist clients with CORIs and/or checkered work histories. Describe the elements of the curriculum that will address the issues and strategies of wealth creation.

Discuss compliance with legal reporting requirements. Describe the strategy to be used if the initial placement is unsuccessful. Give an example of the progression from intensive post-placement support to a reasonable level of self-sufficiency.

- g. **Collaboration/Linkages:** Describe your plan for formally interacting with collaborators. What are other informal partnerships/agreements you may have that will facilitate participants' access to services?
- h. **Program Outcomes:** Describe your planned number of individuals who will access services, increase their job skills and employability, obtain and retain employment, reduce recidivism, and other outcomes you will measure to determine program success.

## 6. Budget and Narrative

### 15 points

Provide a narrative description for every cost, identifying clearly how each line item is calculated. Items in the "Other" or "Miscellaneous" categories require specific details and calculations. The EDIC budget forms are **required**; Excel formats can be e-mailed to bidders upon request. Budgets will be evaluated based on reasonableness of costs, and on the value to each participant that results from the investment in training. Guidelines for preparation follow this page, and technical assistance is available upon request. Collaborative bids must include budget narratives and forms for each partner.

## **GUIDELINES FOR WRITING THE BUDGET NARRATIVE**

**Staff Salaries:** For every position listed under the staff salary section, please attach a job description, a resume, a brief description of their role in this project and the number of hours per week the position requires.

**Fringe Benefits:** Please provide an explanation of how the fringe rate was derived, i.e. what percentage is paid for Health Insurance, etc.

**Operational Costs:** Explain how the planned costs in each of these categories were determined.

### **PROFESSIONAL SERVICES**

Consultants: What services will be purchased, who is providing the services, for how long, what is the rate?

### **OFFICE OPERATIONS /EXPENSES**

Program Supplies: What will be purchased, total estimated cost, unit price and quantity? How will they be used in the program?

Office Supplies: What will be purchased, total estimated cost, unit price and quantity?

Printing: What will be printed? How many and for what cost?

Postage: What and how many pieces will be mailed at what cost?

Dues/Publications/Subscriptions: What is being purchased at what cost?

Staff Training: What is being purchased? How will it relate to the services being rendered under this contract?

Advertisements: How many at what cost, for what purpose?

Telephone: How has the cost been determined, i.e., # of lines, percentage of time, etc.?

### **TRAVEL**

Local Travel: How many trips, at what cost per trip? Destination? Cost and number of MBTA passes or tokens?

Other Travel: Reason for trips, destination, how many trips, and at what cost per trip?

### **EQUIPMENT PURCHASES NEED PRIOR APPROVAL FROM THE FUNDING SOURCE.**

**Unauthorized purchases will not be reimbursed.**

Purchase: What is being purchased at what estimated cost? How was the cost estimated?

Rental: What is being rented at what price per month, for how long?

Supplies & Repair: What is being serviced?

### **OCCUPANCY COSTS**

Rent: How was the rent cost determined, i.e. square footage, portion of space occupied by program, etc.

Utilities: How were costs estimated, i.e., square footage, proportionate to amount of space used by the program, etc.

Security: What type of security is being purchased, for how long, for what program activities?

Maintenance: How was the maintenance cost determined, i.e., square footage, proportionate to the amount of space used by the program, etc.?

Other: Give detailed description. How has the cost been determined?

### **OTHER COSTS**

Insurance: What kind of insurance, at what cost, for what period, covering what activities?

Miscellaneous: Specific information must be provided for this cost category.

Indirect Cost Rate: Attach documentation of the approved Indirect Rate Agreement.





**EDIC/BOSTON**  
**CONTRACTOR'S PROGRAM BUDGET**  
**MATRIX OF BUDGET BY CATEGORY**

**CONTRACTOR:** \_\_\_\_\_  
**PROGRAM:** \_\_\_\_\_

**FUNDING SOURCE:** Empowerment Zone  
**CONTRACT PERIOD:**

**TOTAL NUMBER OF PARTICIPANTS TO BE SERVED:\_\_\_\_\_Adults**

DESCRIPTION	CURRENT BUDGET AMOUNT	
<b>I. EZ PROGRAM</b>		
1. Staff Salaries (e)		
2. Fringe Benefits (g)		
3. Operational Costs (j)		
<b>EZ PROGRAM SUBTOTAL (I)</b>		
<b>TOTAL BUDGET COST</b>		

CONTRACTOR SIGNATURES:  
Prepared by: \_\_\_\_\_  
name date

EDIC: \_\_\_\_\_  
Approved by: \_\_\_\_\_  
name

# I. EZ PROGRAM: Cost Detail

CONTRACTOR: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

CONTRACT PERIOD: \_\_\_\_\_

## 1. PROGRAM STAFF SALARIES

(a) #	Position Title	(b) Salary Per Pay Period	(c) # of Pay Periods	(d) % Charged to BCI	(a) x (b) x (c) x (d) BCI Grant Total
<b>TOTAL STAFF SALARIES (e)</b>					\$ (e)

## 2. PROGRAM FRINGE BENEFITS

Total Program Salaries: (e) \$ \_\_\_\_\_ x Fringe Rate: (f) % \_\_\_\_\_ = (e)x(f) \$ \_\_\_\_\_ (g)

## 3. PROGRAM OPERATIONAL COSTS

EXPENSE CLASSIFICATION	AMOUNT	EXPENSE CLASSIFICATION	AMOUNT
<b>PROFESSIONAL SERVICES</b>		<b>FURNISHINGS &amp; EQUIPMENT</b>	
Consultants		Equipment Purchase	
<b>PROGRAM OPERATIONS/EXPENSES</b>		Equipment Rental	
		Equipment Supplies & Repair	
Program Supplies		<b>OCCUPANCY COSTS</b>	
Office Supplies		Rent	
Printing		Utilities	
Postage		Security	
Dues/Publications/Sub		Maintenance	
Staff Training		Other:	
Advertisements		<b>OTHER COSTS</b>	
Telephone		Insurance	
<b>TRAVEL EXPENSES</b>		Needs Based Payments	
Local Travel		Miscellaneous	
Other Travel			
<b>SUBTOTAL (h)</b>	\$ (h)	<b>SUBTOTAL(i)</b>	\$ (i)
<b>TOTAL PROGRAM OPERATING COSTS: (h)+(i) \$ (j)</b>			

GRAND TOTAL: EZ PROGRAM (e)+(g)+(j) \_\_\_\_\_

MONTHLY EXPENDITURE PLAN

CONTRACTOR

PROGRAM

CONTRACT PERIOD: \_\_\_\_\_ TO \_\_\_\_\_

MONTH	Invoice Amount				
November					
December					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
TOTALS					



**APPLICATION COVER SHEET  
2005 EX-OFFENDER EMPLOYMENT PROGRAM  
REQUEST FOR PROPOSALS**

**Agency Name:** \_\_\_\_\_

**Mail Address:** \_\_\_\_\_  
*Street*

\_\_\_\_\_ *city* \_\_\_\_\_ *state* \_\_\_\_\_ *zip*

**Program Address:** \_\_\_\_\_  
*Street*

\_\_\_\_\_ *city* \_\_\_\_\_ *state* \_\_\_\_\_ *zip*

**Program Name:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**# To Be Served:** \_\_\_\_\_ **Cost Per Participant:** \_\_\_\_\_

**Signature of  
Agency Director:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Target Population:** \_\_\_\_\_



## Program Summary

Please state the total funding requested, number of slots, total number served, target population and entrance requirements, where and when the program is offered, number of cycles, and a description of the services.

## PREVIOUS PERFORMANCE HISTORY

FUNDING SOURCE and AMOUNT: \_\_\_\_\_

Use a separate form for each funding source.

	_____ Program Dates	_____ Program Dates
1. Total Enrollment Planned	_____	_____
Actual	_____	_____
Cost Per Enrollment (Total Funds / Total Enrolled)	_____	_____
2. Negative Terminations/Drops	_____	_____
Percentage	_____	_____
3. Positive Terminations:		
a. Completions	_____	_____
b. Job Placements Planned	_____	_____
Actual	_____	_____
Cost Per Job (Total Funds / Total Placements)	_____	_____
Job Outcome Percentage (Total Placements / Total Completions)	_____	_____
Other Positive Outcomes(Specify)		
_____	_____	_____
_____	_____	_____
Total Positive Terminations (Placements + Other Outcomes)	_____	_____

5. Identify population served: \_\_\_\_\_

# PROGRAM DIVERSITY FORM

Name of Organization \_\_\_\_\_

Please enter the number of staff and board members belonging to each category.

	African-American Female	Asian Female	Latino Female	White Female	Other Female	African-American Male	Asian Male	Latino Male	White Male	Other Male
Board										
Program Staff										
Administrators										
Support Staff										
TOTAL										

For staff and board members listed as “other”, please describe:

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**CERTIFICATE OF AUTHORITY**

*(For Corporations Only)*

\_\_\_\_\_  
(Current Date)

At a meeting of the Directors of

the \_\_\_\_\_ duly called and held

(Name of Corporation)

at \_\_\_\_\_

(Location)

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at which a quorum

was present and acting, it was **VOTED**, that

\_\_\_\_\_  
(Name)

the \_\_\_\_\_ of this corporation is hereby authorized

(Office)

and empowered to make, enter into, sign, seal and deliver on behalf of this corporation a

Contract for Ex-Offender Employment Services

(Describe Service)

with **Boston Connects, Inc.**, and to deliver a performance bond in connection with said contract.

I do hereby certify that the above is a true and correct copy of the record, that said vote  
has not been amended or repealed and is in full force and effect as of this date,

and that \_\_\_\_\_

(Name)

is the duly elected \_\_\_\_\_

(Office)

of this corporation.

Attest:

(Affix Corporate Seal Here)

(Secretary) of the Corporation

\_\_\_\_\_  
(Clerk)

CITY OF BOSTON / COUNTY OF SUFFOLK

**CONTRACTOR CERTIFICATION**

To the Official, acting in the name and behalf of Boston Connects, Inc.:

**A.** The undersigned agrees to furnish all labor and materials and to perform all work required for **Ex-Offender Employment Services**  
(Official will describe work here prior to issue)  
in accordance with the terms of the accompanying contract documents.

**B.** The Contractor is a/an: *Check one*

☐  
☐  
☐

Individual  
Corporation  
Trust

☐

☐ Partnership  
Joint Venture

1. If Contractor is a Partnership, state name and residential address of all partners:

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

2. If Contractor is a CORPORATION, state the following:

Corporation is incorporated in the State:

of \_\_\_\_\_

President is \_\_\_\_\_

Treasurer is \_\_\_\_\_

Place of Business is \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State and Zip Code)

3. If Contractor is a Joint Venture, state the name and business address of each person,  
firm or company that is party to the joint venture:

\_\_\_\_\_  
Name Address

\_\_\_\_\_

Name	Address
------	---------

Name	Address
------	---------

A copy of the joint venture agreement is on file at \_\_\_\_\_  
and will be delivered to the Official on request.

4. If Contractor is a Trust, state the name and residential address of all Trustees:

Name	Address
------	---------

Name	Address
------	---------

The trust documents are on file at \_\_\_\_\_

and will be delivered to the Official on request.

5. If the business is conducted under any title other than the real name of the owner, state the time when, and place where, the certificate required by General Laws, c. 110, S5, was filed:

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6. The Federal Social Security Identification Number of the Contractor (the number used on Employer's Quarterly Federal Tax Return, U.S. Treasury Department Form 941) is: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

By: \_\_\_\_\_  
(Sign Here)

Business Address:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State/Zip)

**NOTE: This statement must bear the written signature of the Contractor.**

**If the Contractor is an individual doing business under a name other than his own name, this statement must so state, giving the address of the individual.**

**If the Contractor is a partnership, this statement must be signed by a general partner designated as such.**

**If the Contractor is a corporation, trust or joint venture, this statement must be signed by a duly authorized officer or agent of such corporation, trust or joint venture.**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND  
VOLUNTARY EXCLUSION - - LOWER TIER COVERED TRANSACTIONS  
(APPENDIX B, 24 CFR PART 24)**

1. The undersigned prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently barred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal. **NOTE:** If necessary, instructions for certification can be obtained from Lee Fields, JCS Contracts Manager, 43 Hawkins Street, Boston, Massachusetts 02114 (617) 918-5231.

**CERTIFICATION REGARDING LOBBYING (24 CFR PART 87)**

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to report Lobbying," in accordance with its instructions.  
**NOTE:** If disclosure forms are required, please contact Lee Fields, JCS Contracts Manager, 43 Hawkins Street, Boston, Massachusetts 02114 (617) 918-5231.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to provide the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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**ORGANIZATION**

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**Authorized Signature**

**Title**

**Date**

## **INSURANCE PROVISIONS**

### **A. Workmen's Compensation Insurance**

1. Prior to the execution of any contract and before it shall be binding on the parties thereto, the Contractor shall furnish to EDIC evidence of such insurance for the payment of compensation and the furnishing of other benefits under Chapter 152 of the General Laws of Massachusetts (the Workmen's Compensation Act) to all persons to be employed under this contract.
2. Failure to provide and continue in force such insurance during the period of any contract shall be deemed a material breach of the contract and shall operate as an immediate termination thereof.

### **B. Public Liability and Property Damage Insurance**

1. Prior to the execution of any contract and before it shall be binding on the parties thereto, the Contractor shall furnish to EDIC evidence of such public liability and property damage insurance as shall protect the Contractor and any subcontractor performing work covered by the contract from claims for damages for personal injury, including accidental death, as well as from claims for property damage, which may arise from operations under the contract, whether such operations are by the Contractor or by a subcontractor or by anyone directly employed by either of them under the contract.
2. Failure to provide and continue in force such insurance during the period of any contract shall be deemed a material breach of the contract and shall operate as an immediate termination thereof.
3. The amounts of such insurance shall be as follows:
  - a. **Public Liability Insurance** in the amount not less than five hundred thousand (\$500,000) dollars for injuries, including accidental death, to any one person, and for more than one person, in an amount not less than one million (\$1,000,000) dollars for injuries on account of any one accident.
  - b. **Property Damage Insurance** shall be in a amount not less than one hundred thousand (\$100,000) dollars for damage on account of any one accident and in an amount not less than two hundred thousand (\$200,000) dollars for damage on account of all accidents.

### **C. Fidelity Insurance**

1. Fidelity Insurance may be required to provide coverage for those employees in positions for access to or control of funds provided for any EDIC funded program. The Contractor, if requested, shall secure a Fidelity Bond in an amount not less than the maximum amount of funds provided by EDIC or \$25,000, whichever is less.

Should any instrument of insurance coverage, delivered by the Contractor to BCI as satisfactory compliance with this section, expire prior to the completion of the period of performance of any contract awarded by BCI, the Contractor shall furnish to BCI evidence of adequate renewal or new coverage.



# CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION • (617) 918-5259

## NOTICE TO VENDORS

### Requirements Of The Boston Jobs And Living Wage Ordinance

All City of Boston Departments awarding Service Contracts must provide vendors responding to Invitation for Bids (IFB), Request for Proposals (RFP) and Unadvertised Contracts with a copy of this Notice.

1. **COVERED VENDOR:** Any for-profit or not-for-profit employer who employs at least 25 full-time equivalents (FTE) who has been awarded a Service Contract of \$25,000 or more from the City of Boston must comply with the provisions of the Boston Jobs And Living Wage Ordinance. FTE is defined in the Ordinance as a formula to calculate the number of employee work hours which equal one full-time position. For the purposes of this Ordinance, full time shall mean the standard number of working hours, between 35 hours and 40 hours per week, that is used by the Covered Vendor to determine full-time employment.
2. **COVERED SUBCONTRACTOR:** Any Subcontractor who is awarded a Subcontract of \$25,000 or more from a Covered Vendor and the Subcontract is paid from the funds of the City of Boston service contract, must comply with the provisions of the Boston Jobs And Living Wage Ordinance.
3. **AFFIDAVIT AND AGREEMENT REQUIRED:** All vendors proceeding with IFBs, RFPs or Unadvertised Contracts for \$25,000 or more, must file a **VENDORS LIVING WAGE AFFIDAVIT**, (Form LW-8), and the **COVERED VENDORS LIVING WAGE AGREEMENT**, (Form LW-2) at the time a Covered Vendor is awarded a Service Contract or signs an unadvertised Service Contract with the City of Boston.
4. **PAYMENT OF LIVING WAGE:** Covered Vendors subject to the Ordinance must pay the *Living Wage*, which is \$10.96 per hour to all employees who expend time on a Service Contract of a Covered Vendor or Covered Subcontractor. The *Living Wage* is subject to adjustment on July 1 of each year.
5. **MAINTENANCE OF PAYROLL RECORDS:** Each Covered Vendor shall maintain payrolls for all Covered Employees and basic records relating thereto for a period of three years. The records shall contain the name and address of each employee, job title and classification, number of hours worked each day, gross wages, deductions made, actual wages paid, a copy of the social security returns, and evidence of payment thereof, a record of fringe benefit payments including contributions to approved plans, funds or programs and/or additional cash payments, and such other data as may be required by the Living Wage Division from time to time.
6. **EXAMINATION OF PAYROLL RECORDS:** Each Covered Vendor shall permit the Living Wage Administrator or his/her designee to observe work being performed upon the work site, to interview employees and to examine the books and records relating to the payrolls being investigated.

- 7. COVERED EMPLOYEE FACT SHEET (FORM LW-4) AND POSTER:** All Covered Vendors shall provide each Covered Employee with a *Covered Employee Living Wage Fact Sheet (Form LW-4)* containing information about the Ordinance. In addition, all Covered Vendors shall hang a poster containing information about the Ordinance in a conspicuous location visible to all employees. The Living Wage Administrator shall provide the fact sheet and poster to Covered Vendors.
- 10. QUARTERLY AND BIENNIAL REPORTS (FORMS LW-9, LW-9A):** Covered Vendors shall provide Quarterly or Biennial reports to the Living Wage Administrator of their employment activities. Not-for-profit vendors with 50 or more FTEs and all for-profit vendors shall be required to provide such reports quarterly. Not-for-profit vendors with less than 50 FTEs shall be required to provide such reports biennially.
- 11. IMPORTANT TAX INFORMATION/EARNED INCOME CREDIT:** Certain employees who earn less than \$32,000 per year **may** be eligible for certain federal and/or state tax credits called the **EARNED INCOME CREDIT**. Your payroll clerk is required to keep on hand the appropriate Internal Revenue Service forms, (Federal Form W5), information and instructions in the event any of your employees requests assistance in this matter.
- 12. PENALTIES AND REMEDIES:** In the event the Director of the Living Wage Division determines, after notice and hearing, that any Covered Vendor has failed to pay the Living Wage or has otherwise violated the provisions of the Ordinance, the Director may order any or all of the following penalties and relief:
- Fines in the amount of \$300 for each Covered Employee for each day that the Covered Vendor is in violation of this Ordinance;
  - The filing of a complaint with the pertinent State or Federal agency;
  - Wage restitution for each affected employee;
  - Suspension of ongoing contracts and subcontract payments; and
  - Ineligibility for future Contracts with the City for three years or until all penalties and restitution have been paid in full.
  - Any other action deemed appropriate and within the discretion and authority of the city.
  - None of the above remedies is intended to be exclusive or a prerequisite for asserting a claim for relief to enforce the right granted under the Ordinance in a court of law. The Ordinance shall not be construed to limit an employee's right to initiate a court action for wrongful termination.
- 13. FIRST SOURCE HIRING AGREEMENT (FORM LW-10):** All Covered Vendors and Covered Subcontractors who are awarded a contract shall sign a First Source Hiring Agreement (Form LW-10) with one or more Referral Agencies or One Stop Career Centers.
- 14. DESIGNATED DEPARTMENT:** For the purposes of the Ordinance, The Living Wage Division of the Office of Jobs and Community Services is the City's Designated Department responsible for overall implementation, compliance and enforcement. The *Contracting Department* is the agency awarding the service contract. The Living Wage Division is located at 43 Hawkins Street, Boston, MA 02114, telephone: (617) 918-5259 or fax: (617) 918-5299. Any questions concerning the Ordinance, Regulations, or the current *Living Wage* amount, should be referred to the Living Wage Administrator.
- 15. REGULATIONS:** The Jobs and Living Wage Regulations are available during normal business hours at the Office of the Living Wage Division.





# CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION • (617) 918-5259

## COVERED VENDORS LIVING WAGE AGREEMENT

At the same time the City of Boston awards a Service Contract through a Bid, a Request for Proposal or an Unadvertised Contract, the Covered Vendor must complete this Form and submit it to the City, agreeing to the following conditions. In addition, any Subcontractor of the Covered Vendor shall complete this form and submit it to the City at the time the Subcontract is executed, also agreeing to the following conditions:

### **Part 1: Covered Vendor (or Subcontractor) Information:**

Name of Vendor: \_\_\_\_\_

Local Contact Person: \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **Part 2: Name of the program or project under which the Contract or Subcontract is being awarded:** \_\_\_\_\_

### **Part 3: Workforce Profile of Covered Employees paid by the Service Contract or Subcontract:**

- A. List all Covered Employees' job titles with wage ranges (Use additional sheets of paper if necessary):  
Identify number of employees in each wage range.

JOB TITLE	< \$10.96 p/h	\$10.96 p/h - \$12.00 p/h	\$12.01 p/h - \$20.00 p/h	> \$20.01 p/h

B. Total number of Covered Employees: \_\_\_\_\_

C. Number of Covered Employees who are Boston residents: \_\_\_\_\_

D. Number of Covered Employees who are minorities: \_\_\_\_\_

E. Number of Covered Employees who are women: \_\_\_\_\_

**Part 4: Covered Vendor's Past Efforts and Future Goals** *(Use additional sheets of paper if necessary in answering any of these questions):*

Describe your past efforts and future goals to hire low and moderate income Boston residents:

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Describe your past efforts and future goals to train Covered Employees:

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Describe the potential for advancement and raises for Covered Employees:

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What is the net increase and decrease in number of jobs or number of jobs maintained by classification that will result from the awarding of the Service Contract:

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**Part 5: Service Contracts:**

List all Service Subcontracts either awarded or that will be awarded to vendors with funds from the Service Contract:

<u>SUBCONTRACTOR</u>	<u>ADDRESS</u>	<u>AMOUNT OF SUBCONTRACT</u>

**NOTE:** Any Covered Vendor awarded a Service Contract must notify the Contracting Department within three (3) working days of signing a Service Subcontract with a Vendor.

**IMPORTANT:** Please print in ink or type all required information. Assistance in completing this Form may be obtained by calling, The Living Wage Administrator, The Living Wage Division of the Office Of Jobs And Community Services, telephone: (617) 918-5259 or your Contracting Department.

**Part 6:** The following statement must be completed and signed by an authorized owner, officer or manager of the Covered Vendor. The signature of an attorney representing the Covered Vendor is **not** sufficient:

I, (print or type) \_\_\_\_\_ (*Authorized Representative of the Covered Vendor*) on behalf of (print or type) \_\_\_\_\_ (*name of Covered Vendor*) hereby state that the above-named, Covered Vendor is committed to pay all Covered Employees not less than the Living Wage, subject to adjustment each July 1, and to comply with the provisions of the Boston Jobs And Living Wage Ordinance.

I swear/affirm that the information which I am providing on behalf of Covered Vendor on this *Covered Vendor Agreement* is true and within my own personal knowledge. I understand that I am signing under the pains and penalties of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Position with Covered Vendor**

**THE LIVING WAGE DIVISION • (617) 918-5259**

JOBS & COMMUNITY SERVICES • 43 HAWKINS STREET • BOSTON, MA 02114

**PART 3: ADDITIONAL INFORMATION**

Please answer the following questions regarding your company or organization:

1. Your company or organization is: *check one*:

☐ For Profit ☐ Not For Profit

2. Total number of "FTE" employees which you employ: \_\_\_\_\_

3. Total number of employees who will be assigned to work on the above-stated contract:

\_\_\_\_\_

4. Do you anticipate hiring any additional employees to perform the work of the Service Contract?

☐ Yes ☐ No

*If yes*, how many additional F.T.E.s do you plan to hire? \_\_\_\_\_

**PART 4: EXEMPTION FROM BOSTON JOBS AND LIVING WAGE ORDINANCE**

Any Vendor who qualifies may request an Exemption from the provisions of the Boston Jobs And Living Wage Ordinance by completing the following:

I hereby request an Exemption from the Boston Jobs And Living Wage Ordinance for the following reason(s): Attach any pertinent documents to this Application to prove that you are exempt from the Boston Jobs And Living Wage Ordinance. Please check the appropriate box(es) below:

☐ The construction contract awarded by the City of Boston is subject to the state prevailing wage law; and

☐ Assistance or contracts awarded to youth programs, provided that the contract is for stipends to youth in the program. "Youth Program" means any city, state, or federally funded program which employs youth, as defined by city, state, or federal guidelines, during the summer, or as part of a school to work program, or in other related seasonal or part-time program; and

☐ Assistance or contracts awarded to work-study or cooperative educational programs, provided that the Assistance or contract is for stipends to students in the programs; and

☐ Assistance and contracts awarded to vendors who provide services to the City and are awarded to vendors who provide trainees a stipend or wage as part of a job training program and provides the trainees with additional services, which may include but are not limited to room and board, case management, and job readiness services, and provided further that the trainees do not replace current City funded positions.

Please give a full statement describing in detail the reasons you are exempt from the Boston Jobs And Living Wage Ordinance (attach additional sheets if necessary):

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**PART 5. GENERAL WAIVER REASON(S)**

I hereby request a General Waiver from the Boston Jobs And Living Wage Ordinance. The application of the Boston Jobs And Living Wage Ordinance to my (check one):

- ☐ Service Contract  
☐ Subcontract

violates the following state or federal statutory, regulatory or constitutional provision or provisions.

State the specific state or federal statutory, regulatory or constitutional provision or provisions, which makes compliance with the Boston Jobs And Living Wage Ordinance unlawful:

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**GENERAL WAIVER ATTACHMENTS:**

Please attach a copy of the conflicting statutory, regulatory or constitutional provisions that makes compliance with this ordinance unlawful.

Please give a full statement describing in detail the reasons the specific state or federal statutory, regulatory or constitutional provision or provisions makes compliance with the Boston Jobs And Living Wage Ordinance unlawful (attach additional sheets if necessary):

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**PART 6: VENDOR AFFIDAVIT:**

I \_\_\_\_\_ a principal officer of the Covered Vendor certify and swear/affirm that the information provided on this **Vendors Living Wage Affidavit** is true and within my own personal knowledge and belief.

Signed under the pains and penalties of perjury.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

## **STATEMENT OF COMPLIANCE WITH FAIR HOUSING, EQUAL OPPORTUNITY, AND CIVIL RIGHTS LAWS (24 CFR 5.105)**

As the Empowerment Zone Nominating Entity, the City of Boston certifies its compliance with all statutory, regulatory, and contractual requirements, which apply to the receipt and expenditure of Empowerment Zone grant funds. Specifically, as the recipient of federal funds, Boston Connects, Inc. does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, familial status, political affiliation or belief. Contractors, as subrecipients of federal financial assistance through Boston Connects, Inc., will be required to certify their compliance with all statutory, regulatory and contractual requirements applicable to Empowerment Zone funds. In addition, subrecipients are required to ensure that program participants (beneficiaries of federal funding) are aware of the protections against discrimination that are assured by the Civil Rights Act of 1965.

## **CONTRACTING WITH SMALL BUSINESSES, MINORITY BUSINESS ENTERPRISES AND WOMEN'S BUSINESS ENTERPRISES (24 CFR 85.36e)**

Boston Connects, Inc. and its subgrantees, will take all necessary affirmative steps to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible to procure goods and services that implement the Strategic Plan for Boston's Empowerment Zone. Affirmative steps shall include identifying such firms for inclusion on solicitation lists; taking steps to permit maximum participation by subject firms; and using services of the Small Business Administration and Minority Business Development Agency.

**Auxiliary Aids and Services are Available upon  
Request to Persons with Disabilities.**